

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 07 1997 8:00am
Secretary of State**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # K16458 (7)
1. Corporation Name
CARPA INVESTMENTS, INC.



Principal Place of Business: **2150 NW 70TH AVENUE MIAMI FL 33122 US**
Mailing Address: **2150 NW 70TH AVENUE MIAMI FL 33122-1614 US**

3. Date Incorporated or Qualified: **02/26/1988** 3a. Date of Last Report: **02/26/1996**
4. FEI Number: **65-0063076** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name: **Fernando Paiz**
82 Street Address (P.O. Box Number is Not Acceptable): **2150 NW 70 AVE**
83
84 City: **Miami** FL 85 Zip Code: **33122**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Fernando Paiz** DATE: **3-27-97**
Signature of the current registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, FERNANDO	12 NAME	
STREET ADDRESS	2150 N.W. 70TH AVE	13 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	14 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, CARLOS	22 NAME	
STREET ADDRESS	2150 N.W. 70TH AVE	23 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	24 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, RODOLFO	32 NAME	
STREET ADDRESS	2150 N.W. 70TH AVE	33 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	34 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRA, ISABEL	42 NAME	
STREET ADDRESS	2150 N.W. 70TH AVE	43 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	44 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, SERGIO	52 NAME	
STREET ADDRESS	2150 N.W. 70TH AVE	53 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or by an attachment with an address.

SIGNATURE: **Fernando Paiz** DATE: **3/12/97** (305) 470-0000 x109
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/96)